

**Tapestry Health Systems
Latino Injection Drug Users
Northampton, Massachusetts
TI14430**

Authorized Representative

Leslie Laurie
16 Center Street
Northampton, MA 01060
(413) 586-2016
(413) 586-0212 fax
llaurie@tapestryhealth.org

Project Director

Timothy Purington
16 Center Street
Northampton, MA 01060
(413) 586-2016 ext.124
(413) 586-0212 fax
tpurington@tapestryhealth.org

Evaluator

Lena Lundgren
264 Baystate Road
Boston, MA 02215
(617) 353-6634
(617) 353-5612 fax
llundgre@bu.edu

Contact

Nelida Kuilan
39 Mulberry Street
Springfield, MA 00215
(413) 747-5144
(413) 747-5848 fax
nkulian@tapestryhealth.org

SAMHSA Grants Specialist

Kathleen Sample
5600 Fishers Lane
Rockwall II, Suite 630
Rockville, MD 20857
(301) 443-9667
(301) 443-6468 fax
ksample@samhsa.gov

CSAT Project Officer

David C. Thompson
5600 Fishers Lane
Rockwall II, Suite 740
Rockville, MD 20852
(301) 243-8236
(301) 443-3543 fax
dthompso@samhsa.gov

B&D ID

31702

PROJECT DESCRIPTION

Expansion or Enhancement Grant—Enhancement and expansion

Program Area Affiliation—Reducing Disparities (Latino)

Congressional District and Congressperson—Massachusetts 1, John Olver; 2, Richard Neal

Public Health Region—I

Purpose, Goals, and Objectives— Project goal is to reduce the incidence of HIV, STIs, and HAV/HBV/HCV among high-risk individuals through risk reduction education, distribution of risk reduction supplies, intensive prevention case management, medical intervention, and referral, utilizing an indigenous worker program model. The intermediary goals include (1) increase the availability of HIV and STI counseling and testing for members of the target population; (2) increase entry by members of the target population into substance abuse treatment, job training, and GED preparation programs; (3) increase condom use by members of the target population; and (4) reduce needle sharing by members of the target population. The seven objectives of the program goals are (1) locate, recruit, and serve target population members through regularly-scheduled outreach shifts targeting individual streets and other locations in affected neighborhood; (2) support behavior change and increase knowledge of drug use and sexual risk factors through risk reduction education; (3) support behavior change and increase safer drug use and sexual behavior through ongoing distribution of risk reduction supplies; (4) support entry and sustained participation in medical, psychological, substance abuse treatment, and social services through intensive prevention case management; (5) increase awareness of HIV/HCV status, reduce transmission of STIs, HAV, and HBV, and increase overall health through regular, routine medical interventions; (6) facilitate entry into substance abuse treatment through comprehensive substance abuse and mental health services; and (7) provide linkages to health, human, and social services through comprehensive referral and supported follow-up on an individual, as needed basis. (page 7)

Target Population—The primary target population is Latino IDUs, including women (women and their children), men who inject drugs, and individuals who have been released from prisons and jails in the past 2 years. (page 6)

Geographic Service Area—Downtown and South End of Springfield. (See scope of work, page H)

Drugs Addressed—IV drug users; drugs not specified.

Theoretical Model—Neighborhood-based indigenous worker model. (abstract; page 7)

Type of Applicant—Private, non-profit corporation

SERVICE PROVIDER STRUCTURE

Service Organizational Structure—Tapestry is a prominent provider of a broad array of HIV/AIDS services and has been the region's sole provider of low-cost, federally funded (Title X) reproductive health care and family planning services since 1973. (page 21)

Service Providers—Tapestry Health is the lead agency, with a subcontract to Gandara Mental Health Center. (abstract)

Services Provided—Services to be provided include outreach, HIV risk reduction education, HIV risk reduction supplies, prevention case management, medical intervention, substance abuse and mental health services, and referral. (pages 9–12)

Service Setting—The vast majority of services will be provided in a non-institutional, non-clinical setting, according to flexible schedules that accommodate the lifestyles of the project participants. (page 16)

Number of Persons Served—Over the course of 5 years the project aims to serve 1,900 clients (page 14)

Desired Project Outputs—The expected project results include the following: reduce rate of disease transmission, blunt the impact of substance abuse, and improve overall health and wellness. These results will be achieved through comprehensive services that are designed to encircle and restrain every factor known to contribute to the spread of HIV and AIDS. (page 7)

Consumer Involvement—Individual and community capacity will be increased by recruiting selected community members for membership in the La Voz Community Advisory Board. (page 8) In order to sustain a free exchange of information and knowledge related to project goals, objectives, activities, and outcomes, target population members have participated and will continue to participate in program development through regular focus groups and other methods. (page 15)

EVALUATION

Strategy and Design—Tapestry Health case managers and outreach workers will collect data using the entire GPRA. Data entry, monitoring, and analyses will be done by the Boston University research team. At least 80 percent of baseline clients will be followed even if no longer receiving services through Tapestry Health. The case managers and outreach workers will also continue to follow up all clients who participate in Tapestry Health outreach and case management activities after the 12-month follow-up. (page 17)

Evaluation Goals/Desired Results—The outcome evaluation goals are to examine if services offered by the project increase the likelihood that the population of Latino IDUs will (1) participate in HIV, HCV, and STD testing and enter drug treatment and job training, (2) reduce needle sharing, and (3) increase condom use. (page 17)

Evaluation Questions and Variables—Process evaluation questions include the following: Did Tapestry Health increase its target capacity in each of the years? Were the proposed services implemented in a timely fashion, and were there barriers to effective service implementation? (page 19)

Instruments and Data Management—In addition to the GPRA measure, a number of additional measures will be included for local outcome evaluation. The interview will collect data on alcohol and drug use and participation in HIV/AIDS risk behaviors. Selected measures will be

taken from the ASI. A combination of survey items will come from the NIDA HIV Risk Behavior Assessment Questionnaire. (page 18)